TRAVEL EXPENSE CLAIM				See Instructions and *Privacy Statement On Reverse Side							Page1 of3 Pages				
STD. 262 (REV. 9/2007) CLAIMANT'S NAME George Valverde 011-8718-001					SSN or EMPLOYEE NUMBER* D						DEPARTMENT Motor Vehicles				
POSITION CB/ID No. Director						DIVISION or BUREAU					1410101 4	- I	INDEX NUM	BER	
					Execut										
RESIDENCE ADDRESS*							JARTERS AD st Avenue	DRESS			TELEPHO			1E NOMBER	
CITY	onto		STATE ZIP CODE			CITY	CITY					STATE ZIP 0			
Sacramento (1) NORMAL WORK HOURS			CA 95818				Sacramento (2) PRIVATE VEHICLE LICENSE NUMBER					CA 95818 (3) MILEAGE RATE CLAIMED			
						(2)	THE VEHICLE	EIGENGE II	OWIEL	•	(O) MILLEY	or mark	, C. MINED		
(4) MONTH/YEAR		LOCATION	(7)	(8) MEALS		O.T., L/T,	(9)	(10)	_	RANSPORT	TATION (D)		(11)	(12)	
July		WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS,	, PRIVATÈ	CAR USE	EVENICE	TOTAL EXPENSES FOR DAY	
(5) DATE	TIME 1447	Sacramento	Lobalita			DINNER	IALS			PARKING		AMOUNT	+		
6	1604	Sacramento							sc	7.00)	0.00)	7.00	
7	1400	Visalia	92.45			18.00			sc			0.00		110.45	
8	1430	Visalia		6.00	10.00		6.00		sc			0.00)	22.00	
												0.00	1	0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00)	0.00	
	1604											0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS		92.45	6.00	10.00	18.00	6.00	0.00		7.00	0.00	0.0	0.00	139.45		
COLUMN CODE (ACCTG, USE ONLY)		72.43	0.00	10.00	18.00	0.00	0.00		7.00	0.00	0.0	0.00	137.43		
		IM TOTAL		ı		ı	ı	ı					ı	139.45	
• '		TRIP, REMARKS AND DETAILS (Attach red			•						AGEN		DUNTING (OFFICE	
	_	Undersecretary and Staff at Busine desto Field Offices to discuss curre			0 0	ncy. 7/8:	Met with st	aff at the V	isalia,		PAID BY R		E ONLY FUND CHEC	K NUMBER	
			•	Ü	•										
(45)		EDITION TO A MILL OF THE STATE	(4)				u per		,	n	, , , ,				
(15) I H mil 07:	EREBY C eage rates 52, 0753 a	ERTIFY That the above is a true statement s exceed the minimum rate, I certify that the and 0754 pertaining to vehicle safety and se	of the travel exp cost of operating at belt usage.	penses incurre the vehicle w	ed by me in a ras equal to or	ccordance wi greater than	th DPA rules i the rate claim	n the service ed, and that I	of the S have m	state of Cali et the requir	tornia. If a p ements as p	rivately owi rescribed b	ned vehicle wa y SAM Section	is used, and i ns 0750, 0751	
CLAIMANT'S SIGNATURE				DATE		(16) SIGNATURE OF OFFICER APPROVING TRAVE									
Z.				ZS.	Z.										
(17) SPE	OAL EXP	ENSE AUTHORIZATION - SIGNATURE and	TITLE (See Iter	n 17 on revers	se)								DATE		

TRAVEL EXPENSE CLAIM STD. 262 (REV. 10/92) EF Statement On I													PageofPages				
CLAIMANT'S NAME George Valverde						SSAN OR	SSAN OR EMPLOYEE NUMBER*						Motor Vehicles				
POSITION CB/ID NUMBER Director					DIVISION OR BUREAU Executive HEADQUARTERS ADDRESS						0.01 0.01	_	INDEX NUMBER				
RESIDENCE ADDRESS *												TELEPHONE NUMBER					
CITY			STATE	ZIP C	ODE	2415 CITY	First A	venue				STATE		ZIP CODE			
STATE AIR VOIDE							Sacramento					CA		95818			
(1) MONTH/YEAR (3) (3)		(4)	(5) MEALS			(6)	(7)		NSPORTA	(D)		(8)	(9)				
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-	LUNCH	O.T., L/T, N/C, RELO. OR	INCIDEN-	(A)	(B)	(C) CARFARE, TOLLS.	PRIVA	TE CAR USE	BUSINESS	TOTAL EXPENSES FOR DAY			
DATE	TIME	WENE INCOMED		FAST	LONOIT	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMOUNT		FOR DAT			
28	1600	Santa Rosa	93.29			18.00			SC					111.29			
29	1430	-		6.00	10.00				SC	4.00				20.00			
	-																
	-																
	_																
	-																
(10)	SUB	TOTALS	93.29	6.00	10.00	18.00				4.00				131.29			
¢		CODE (ACCTG. USE ONLY)	95.29	0.00	10.00	10.00				4.00				101.29			
CLAIM TOTAL												\$		131.29			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12) NORMAL WORK HOURS						
	28/29: Met wth staff of the Santa Rosa, Corte Madera, El Cerrito, and Vacaville field offices to discuss issues currently impacting the DMV. Toll for Carquinez Strait Bridge											(13) PRIVATE VEHICLE LICENSE NUMBER					
ansous issues currently impacting the birty. For for earquinez ethat bhogs											(14) MILEAGE RATE CLAIMED						
											AGENCY ACCOUNTING OFFICE USE ONLY						
											PAID B	Y REVOLVIN	G FUND CHE	CK NUMBER			
	California.	CERTIFY That the above is a true statemer If a privately owned vehicle was used, and it er than the rate claimed, and that I have met	mileage rates ex	ceed the mini	mum rate, I ce	ertify that the c	ost of operation	ng the vehicle	was eq	ual							
		lety and seat belt usage.	une requirements	DATE	Dy SAM Sec			OFFICER AP			AND PA	YMENT	DATE				
_								The state of the s									